

**Kansas Department of Health & Environment
Adult Blood Lead Epidemiological Surveillance**

ADULT LEAD SURVEY

Name: _____ Date of Birth ____/____/____

Address: _____ Phone number (____) ____ - ____

City _____ State _____ Zip Code: _____

Occupation: _____ Years in occupation _____

Employer name: _____ Phone number (____) ____ - ____

Employer address: _____ Years at Company: _____

City _____ State _____ Zip Code: _____

Please answer the following questions:

1. Why was a blood lead test done? Screening Program At Work Doctor's Advice Own Decision

2. Are you exposed to lead at your job? Yes No Don't Know

2a. If yes, what job duties expose you to lead? _____

2b. At work, do you... (Circle as many as apply)

Smoke Wear A Respirator Have Hand Wash Facilities Have Shower Facilities
Have A Place To Eat Away From Work Area Have Employer Launder Your Work Clothes

3. Do any of your non-work activities include: (Circle as many as apply)

Home Remodeling/House Painting Hunting/Range Shooting Auto Repair
Making Fishing Sinkers Ceramics/Pottery Stained Glass

4. Do you have children under the age of 6 living in your household? Yes No

4a. If yes, how many? _____

4b. Have the children been tested for lead poisoning? Yes No Don't Know

5. Will you be getting another blood lead test? Yes No Don't Know

6. I believe my high lead level is caused by _____

Comments or questions you have about lead poisoning:

Optional: Hispanic: Yes No
Race: White Black Asia Native American Other

**Thank you for your help. This information is important to us.
Please return the survey in the self-addressed stamped envelope within 10 days.**

Kansas Department of Health & Environment, Childhood Lead Poisoning Prevention Program,
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